



**Between Two Homes®, LLC**

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## **INTAKE FORM**

DATE: \_\_\_\_\_ CAUSE NO: \_\_\_\_\_

SERVICE REQUESTED (Please Check):

Mediation

Communication Coaching

**INTAKE INFORMATION** (Please complete fully. List other parties on a separate intake form or cross out where applicable):

**Your Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell.) \_\_\_\_\_

(Fax): \_\_\_\_\_ (Alt.) \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Your Attorney's Information:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Other Party's Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell.) \_\_\_\_\_

(Fax): \_\_\_\_\_ (Alt.) \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Your Party's Attorney's Information:**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Other Attorneys: (If applicable)**

Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (Fax): \_\_\_\_\_

(E-mail) \_\_\_\_\_

**Please complete a separate intake if other parties are involved**